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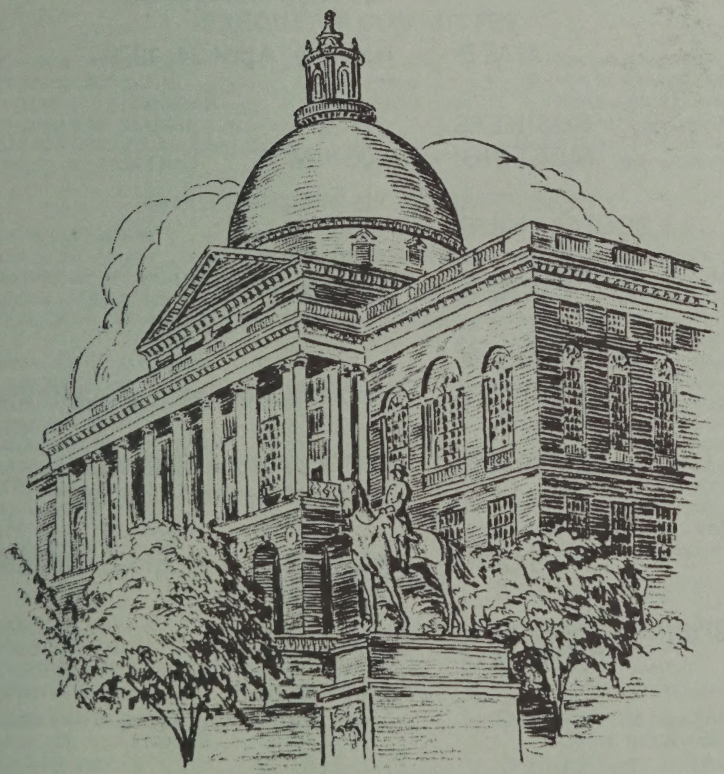
MARCH
1979



LEGISLATIVE ISSUE

ANNUAL MEETING of the HAMPDEN DISTRICT MEDICAL SOCIETY

PLACE:	Chez Josef Agawam, Massachusetts
DATE:	Tuesday, April 24, 1979
BUSINESS MEETING:	6:00 P.M.
SOCIAL HOUR:	7:00 P.M.
DINNER:	7:30 P.M.
ELECTION OF OFFICERS	Report of Nominating Committee
SPEAKER:	BETTY JANE ANDERSON Assistant General Counsel
TOPIC	Medicine In A Litigious Climate
BUSINESS MEETING PROGRAM:	Annual Reports Audit Report Treasurer's Report

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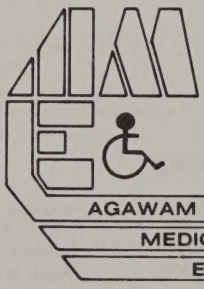

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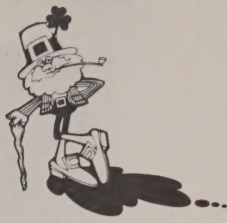
MARCH 1979 VOL.XXXV-NO.3



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The official bulletin for The Hampden District of The Massachusetts Medical Society.
Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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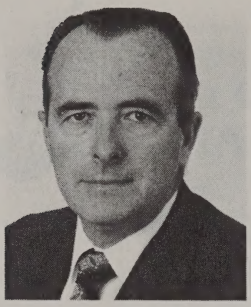

PRESIDENT'S PAGE

POLITICS

"Doctor, where is your sign?"
"What sign?"
"Why the sign that says generic substitutes are available for the prescriptions you are writing. You better get it up before you are fired."
"Say, Bill, did you hear I am retiring? Selling my practice to Ed Jones. He'll have all my patients' records."
"Really, who is writing and addressing your letters?"
"What letters?"
"To the patients. Don't you know you need written permission for every patient record that goes to the new doctor?"
"Aren't you the new radiologist in town?"
"Well, I thought I was, but my equipment cost a little more than anticipated, and I can't get a Certificate of Need to open my office."

At the present moment the little scenarios quoted above are fanciful, but they won't be if legislation now being prepared by Massachusetts Lawmakers is enacted.

There is a good deal of legislation in the hopper which has bearing on physicians and the way they practice. For this reason, if for no other, doctors should become interested in politics.

Politics is a noble profession. Even if some of the practitioners of the art are fighting it out for last place in public esteem with used car dealers, there have been and are many noble politicians and used car dealers as well.

Just as physicians are turned on by certain findings on history, examination and investigative studies, politicians tend to be turned on by voter reaction - by pressure groups - by petitions. An upright politician will not vote contrary to his morality, but many of the issues

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confronting people in public life are morally indifferent and, in those situations, the practitioner of politics will respond to the mandate of his constituents as he or she feels it to be, based on what he or she hears from them.

It behooves us then, if we would have our interests as physicians protected, to take an interest in political and legislative matters. We should get to know and communicate our opinions to our representatives at all levels of government. We should, in any way we can, support candidates who represent the causes and ideals which we feel to be important. We should, when opportunity presents, offer our opinions on political matters to those with whom we have contact - this usually means patients. I am sure no patient wants a dissentation on the evils of National Health Insurance when he comes to find out whether or not a craniotomy is necessary but there are times when a word or two about one side of an issue, from a trusted physician, can really open the eyes of a patient to a point of veiw he doesn't get from his union leader - his newspaper of his fellow worker.

Many of the intelligensia - I guess that means us - seem to think that the best interests of all could be preserved by a "Benevolent dictator". But the one who is benevolent for me, may not be for you or for someone else. If we really give it much thought, we should conclude that, despite its imperfections, our present system is probably about the best that has been devised. But, to keep it so, those of us who can make a positive contribution to the good of society should be active participants in the political system. We should get our vote in - we should make our opinions known in the appropriate places. We should not look down on politics. We should not lose by default. Remember that Hitler was legally elected to the head of the German State, probably, because those who should have been active politically were not. □

JOHN J. FLAHIVE, M.D.

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1979 STATE LEGISLATION

The following bills have been filed and are printed here for your information. Dr. Miller, Chairman of the Legislative Committee has a message printed elsewhere about these bills and other state legislation that is important.

Bills filed by the Massachusetts Medical Society for the consideration of the 1979 State Legislature:

Senate 466--
To clarify the meaning of clinic subject to licensure.

Senate 467--
Granting immunity for assistance rendered to the Board of Registration and Discipline in Medicine.

Senate 468--
Changing the name of and concerning fees collected by the Board of Registration and Discipline in Medicine.

Senate 583--
Amending the psychotropic drug law.

Senate 659--
Permitting certain payments of benefits by medical service corporations in connection with the services of non-participating physicians in the Commonwealth.

Senate 913--
Limiting access to records, reports and proceeding of hospital medical staff review committees and professional society review committees and to exempt such records, reports and proceedings from discoverability and admissibility in evidence.

Senate 914--
Providing immunity to professional societies operating referral services.

Senate 915--
Imposing penalties for taking, stealing, unauthorized reproduction and receipt of medical records.

Senate 916--
Granting immunity from damages to certain professional societies, their members and committees for official actions and to those appearing before them.

Senate 1097--
Affecting the public health of children and infants in the use of child and infant safety equipment in automobiles and giving certain powers to the commissioner of public health.

S 399 To establish an experimental neurosurgery review board. OPPOSE

S443 Filed by the Mass. Society of Optometrists to allow the use of diagnostic pharmaceutical agents by certain optometrists. OPPOSE

S465 A bill that would require optometrists to refer patients with certain eye disorders to medical practitioners. SUPPORT

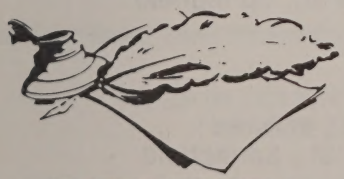
H5297 Filed in behalf of the Massachusetts Chapter of American Academy of Pediatrics it seeks to repeal Chapter 367 of the Acts of 1978 Section 32 which mandated a 30% reduction in Medicaid payments to medical providers.

H 4357 Under provisions of a bill filed by Representative Richard Roche of Springfield, the private offices of practicing physicians would be included under the certificate of need process of the Mass. Dept. of Public Health. Hearing slated for March 28, 1979 at 1 P.M. OPPOSE VIGOROUSLY--contact legislators.

S 659 An Act permitting certain payments of benefits by medical service corporations in connection with the services of non-participating physicians in the Commonwealth. Mass. Medical Society.

S626 An Act to modernize the organizational structure of medical service corporations. OPPOSE

H 4152 Any physician who retires from the practice of medicine shall not sell or otherwise dispose of the records of any of his patients without first obtaining the written permission of such patients.



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LEGISLATIVE REPORT

"Legislative Report" is a weekly paper published by the Massachusetts Medical Society giving information to members on the up to date legislation. If you do not receive this publication and wish to, please call Mrs. Purdy at the HDMS office and ask.

The Legislative Committee has met twice since the first of the year and discussed the important bills to be considered. "AN INFORMED MEMBERSHIP IS A STRONG MEMBERSHIP" is an excellent slogan, but the informed membership must ACT.

This Legislative issue of the Hampden Hippocrat is for your information and deliberation. Please contact your Legislators and tell them your feelings about these bills, especially H-4357. Further information about any of these bills can be obtained from me, your Legislative Councilor or the HDMS office. □

RICHARD J. MILLER, Chairman
Legislative Committee

KEEP IN TOUCH WITH YOUR LEGISLATORS

Rudy Chmura	71 Chauncey Dr., Springfield
Edward W. Connelly	565 River Rd., Agawam
Richard H. Demers	95 Nash St., Chicopee
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NEW STATE COMMITTEE ON HEALTH CARE APPOINTED

The legislators who will be serving on the Committee on Health Care for the 1979-1980 session of the Massachusetts Legislature are as follows:

Senator Edward L. Burke (D), Chairman, 137 Russell Road, Framingham, 01701
Senator Louis P. Bertonazzi (D), Vice-chairman, 16 Coolidge Road, Milford 01757
Senator John P. Burke (D), 207 Elm Street, Holyoke, 01040
Senator Robert C. Buell (R) Woodcrest Road, Boxford 01921
Senator John G. King (D) School Street, Danvers 01923
Senator Samuel Rotondi (D), 54 Sunset Road, Winchester, 01890

Representative Theodore J. Aleixo, Jr., House Chairman, 10 Evergreen Drive, Taunton, 02780
Representative William D. Benson (D), 12 Church Road, Leverett, 01054
Representative Argeo P. Cellucci (R), 151 Lincoln Street, Hudson, 01749
Representative Forrester A. Clark, Jr., (R) 308 Sagamore Street Hamilton, 01936
Representative Stephen J. Karol (D), 86 West Street, Attleboro 02703
Representative Thomas K. Lynch (D), 123 Phinneys Lane, Barnstable, 02630
Representative Alfred A. Minahan (D), 65 Parker Road, Wakefield, 01880
Representative Elizabeth M. Metayer (D), 33 Arthur Street, Braintree, 02184
Representative Andrew J. Rogers Jr., (D), 15 Gannon Terrace, Framingham, 01701
Representative James A. Whitney (D), 90 West Main Street, Dudley, 01570

KEEP IN TOUCH WITH YOUR LEGISLATORS
WRITE THEMCALL THEM**

*John P. Burke has been appointed to serve on the Health Care Committee. As you probably know Mr. Burke is the son of John J. Burke, M.D., of Holyoke a member of HDMS, and Supervising Censor. Senator Burke's telephone number at the State House is 1-617 727-0115.

MEDICARE/MEDICAID Changes Possible

There was a significant amount of legislative activity concerning Medicare/Medicaid during the 95th Congress. This included Sen. Talmadge's S. 1470 and Congressman Rostenkowski's HR 13097 and HR 13817. However, none of these bills passed. The Administration and Congress will likely again concern themselves with many of the same Medicare/Medicaid issues in the 96th Congress. These issues include:

- Parity for psychiatric services;
- Repeal of Section 227 of the Social Security Act (which places a limit on the reimbursement of teaching physicians;
- Extension of Medicare payments for certain chiropractic and optometrist services;
- Medicare hospital reimbursement;
- Medicare physician assignment;
- Medicare statewide fee schedules for physician services;
- Changes in the Medicare definition of physician services;
- PSRO amendments providing for increased non-physician participation in the development and implementation of peer review activities undertaken by PSROs; and

  Exempting PSROs from the information disclosure requirements of the Freedom of Information Act.

Much of this activity is generated by requests from various groups affected by Medicare/Medicaid policies. Every Congress sees a variety of bills designed to change these laws in ways that would be more favorable to one group or another. However, at this time it is difficult to say whether ranking members will decide to push for enactment of any of the proposals.

Another source of possible Congressional actions in this area may be legislative initiatives proposed by the Health Care Financing Administration (HCFA). HCFA is known to be considering changes in both reimbursement and administration of these programs, some of which may require Congressional action. □

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AMA PRINCIPLES

The AMA at their meeting in December of 1978 voted to support legislation which would incorporate four basic points of philosophy. The following seventeen principles had been submitted by the AMA in past years (HR 1818):

1 Minimum federal involvement in administration of NHI.

2 State jurisdiction with respect to licensure and certification of professional health personnel and regulation of insurance.

3 Minimum federal dollars in financing of comprehensive coverage at least possible cost.

4 Funding through federal, state, and private funds including (a) employer-employee contributions for private health insurance, and (b) an individual tax credit as applied for full health care protection.

5 No added Social Security tax for financing.

6 No administration by Social Security.

7 Cost sharing by participating individuals and families, and a subsidy for the indigent, scaled according to income.

8 Use of private insurance on risk and underwriting basis.

9 Comprehensive coverage, basic and catastrophic, for the entire population.

10 Pluralism in methods of health care delivery.

11 Cost controls as appropriate.

12 Quality controls as appropriate.

13 Continuity of benefits.

14 Coordination of benefits.

15 A separation of medical and institutional components of financing, so that the separate costs are ascertainable.

16 There should be freedom of the patient to select the physician and/or medical care system of his choice.

17 There should be freedom of a physician to deal directly with his patient with regard to billing and to follow the method of treatment consistent with his medical judgment.

POLITICAL FACTS
The 96th Congress

Three Physicians in the 96th Congress

Tim Lee Carter, M.D. (R-Ky)
Ron Paul, M.D. (R-Tx)
Larry P. McDonald, M.D. (D.Ga.)

Massachusetts House Membership in the 96th Congress

1 Silvio Conte (R)
2 Edward Boland (D)
3 Joseph Early (D)
4 Robert Drinan (D)
5 James Shannon (D)
6 Nicholas Mavroules (D)
7 Edward Markey (D)
8 Thomas O'Neil (D)
9 Joe Moakley (D)
10 Margaret Heckler (R)
11 Brian Donnelly (D)
12 Gerry Studds (D)

THE 96th CONGRESS

U.S. SENATE

The Senate of the 96th Congress will hold 59 Democratic Senators and 41 Republican Senators. Republicans made a net gain of three Senators in the 1978 elections.

U.S. HOUSE OF REPRESENTATIVES

As a result of the 1978 elections, there are 276 Democrats and 159 Republicans in the U.S. House of Representatives. Republicans made a net gain of 12 House seats in the 1978 elections.

AMPAC Bipartisan Support in the 1978 Elections

In 1977 and 1978, AMPAC supported fund raising events of both major parties. In the 1978 elections, 50.6% of the candidates supported by AMPAC were Democrats and 49.4% of the candidates were Republicans.

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One of the purposes of AMPAC is to improve government by encouraging and stimulating physicians and their families to take a more active and effective part in governmental affairs. Another purpose of AMPAC is to encourage physicians and others to understand the nature and actions of their government and the important political issues. AMPAC trains physicians and their families for effective political action.

AMPAC emphasizes voluntary and individual participation in politics. The thrust of AMPAC's educational program is to make the volunteer efforts of physicians and their families more effective in political campaigns. The medical community, working as a group, is more effective when the effort is pooled and physicians work together. Contributions voluntarily given to AMPAC by physicians and others from the 50 states and the District of Columbia are used for supporting candidates for the U.S. House and U.S. Senate.

AMPAC has never participated in a presidential election.

AMPAC has never supported a candidate based on any commitment on any legislative proposal.

AMPAC does not keep a voting index by which candidates are rated.

AMPAC neither stipulates nor articulates a political criteria for candidates based on medical legislation. □

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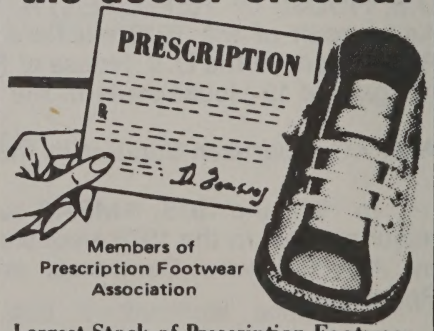

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REPORTING MEDICAL NEWS

In my first year of writing medical news for The Morning Union, I've learned a great deal about how to cover the beat through on the job training. Along the way, a number of physicians and medical professionals and the medical society have been helpful.

I also have developed some views about relations between the medical profession and the press, which I would like to share.

In the first place, most good reporting is investigative reporting, not in the sense of turning up scandals but in the sense of digging out the full story. Rarely are reporters handed articles complete with all the facts and all the questions answered. Sometimes feature stories need a personal anecdote to round them out; news articles may require probing for a fuller explanation of why events occurred.

Most important, though, reporters usually are not handed a story in any shape or manner. The sort of news articles that make good reading or illuminate events often result from curiousity, good sources and good luck. This is especially true of medical reporting.

With the exception of stories based on Journal articles, medical news most often does not come to the reporter, he must find it. Physicians, for the most part, show reluctance to step forward with an interesting subject, although the majority are ready to share information when asked. Perhaps this is as it should be. After all, a reporter's job is to find the news.

But in general, the wariness shown by physicians in dealing with the press is not in the interests of the medical community and it deprives the public of interesting and important information.

In the past year, in particular, hospitals and doctors have come in for some hard knocks with regard to inflationary costs. Hardly a week passes without some adverse publicity about the expense of medicine. And, more and more, medicine is thought of in terms of economics: Patients are now ''consumers''; physicians are ''Providers'' and, presumably, what they provide are ''products''.

The cost of medicine ought to be debated in public. However, to balance the debate, the achievements of modern medicine should be

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held up before the public at the same time. The quality of care counts as much as the cost.

I also believe that encouraging an appreciation of medicine is a more useful tactic than scaring the public with warnings that new economics will destroy American health care.

As for providing the public with information, newspapers are excellent vehicles for communicating with a large number of people. They are a place for describing new trends -- such as the changing view of tonsillectomies -- and new treatments -- such as hyperalimentation -- or for refuting claims -- such as challenging misinformation on mammography. The alternative, and a poor one it is, is word of mouth. It is the public that receives medical treatment. Why shouldn't it have current information?

Part of the chariness in dealing with the press stems from a fear of appearing to be chasing after self-aggrandizement, I have been told by several physicians. I don't have a conclusive rebuttal to this objection because it is linked with a long-standing tradition in the medical profession.

What should be kept in mind, however, is the difference between seeking publicity and disseminating information. The emphasis a physician gives in presenting a story should make it clear to the public and his peers what the motive is.

Accuracy poses another problem in relations with the press for many doctors. Faithfulness to fact is a reporter's goal, but it occasionally succumbs to what New York Times columnist Tom Wicker calls "dailiness" -- the inexorable flow of news and the rush to get it into print every 24 hours. Added to this is the difficulty that most news gatherers are generalists without specific training in a subject area. Thus, you have a situation in which a few mistakes are bound to be made. But precautions can be taken.

A person interviewed for a story can aid accurate reporting by spending more, rather than less, time with a reporter, and by volunteering background information and making sure a difficult point is understood. It is tedious, I agree, to go over a point repeatedly, but that is the best way to ensure a correct newspaper article.

Sensationalism is an aspect of the accuracy problem. Some stories are blown out of proportion or certain sensational facts are emphasized in an article. This occurs infrequently, but when it does it is not forgotten and all jounalists become suspect in some minds.

Few reporters will purposely sensationalize the news. But physicians might ease any qualms by asking the reporter how a story will be played or what emphasis it will be given. Reporters earn reputations and when they are known, they are the best guide.

In the final analysis, trust must be the basis of good relationships between the medical community and the press. It is a trust that will be well repaid. □

WILLIAM M. SCAIFE
The Morning Union

Policy Statement Adopted by A.M.A. and American Association of Medical Society Executives

Report on Relations with Specialty Societies

In considering the following recommendations, one should be aware of the following premises:

* Although the recommendations are designed for state associations, they may well be equally applicable to larger county medical societies.
* Steps to implement the recommendations on the state level will necessarily involve close coordination with specialty societies to encourage parallel efforts toward common goals.
* Specialty society representation in state medical association activities as outlined below is based on the premise that state medical association membership will be a prerequisite for the individuals involved.

RECOMMENDATIONS:

1 State medical associations should provide a mechanism for maintaining a position of prominence for scientific and educational activities in their policy-making bodies.

2 State associations should make provisions for formal input from specialty societies as organizations trying to deal with specialty society interests and concerns through established mechanisms of the association.

3 State associations should provide for specialty society representation (in addition to an entity focusing on science and education) in state association policy-making bodies.

4 State associations should provide for formal and direct specialty society representation in the development of legislative policy.

5 State associations should assure that, in working with specialty societies in any forum (e.g., House of Delegates, Board,

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Committee on Legislation, etc.), the specialty society representation is formal and chosen by the specialty societies.

6 For maximum lobbying effectiveness, state associations should provide a mechanism to bring the lobbying activities and interests of the specialty societies within the state association.

7 State association staff assignments should be arranged so that special attention can be paid to legislative and other issues of particular interest to a specialty society.

8 Insofar as practical, state medical associations should provide staff support for specialty societies, house specialty society functions, and maintain formal administrative linkage.

9 State associations should provide a mechanism (such as an inter-specialty committee within the state association) whereby the special interests of individual specialty societies can be considered and differences among the societies can be resolved in the best interest of medicine as a whole. □

SECTION 220 500
Immunization Requirements

Section 220.500: Immunization Requirements

No. child, except as provided in G.L. c.76, s. 15, shall be admitted to Kindergarten after September 1, 1979, except upon presentation of a physician's certificate that the child has been successfully immunized against mumps and rubella.

Beginning September 1, 1980, this requirement shall also apply to all children who have not been previously immunized who enter any grade which is constituted of children immunized pursuant to this Regulation. For example; a child who does not have a certificate (because, for instance, the child came from out of state) who enters the first grade in 1980 will have to have a certificate of immunization because the first grate in 1980 will consist of children who were immunized before entering Kindergarten in the previous year. Likewise, a child entering the second grade in 1981 who did not previously have a certificate must obtain one because he/she will be entering a grade which consists of immunized children. However, a child entering the third grade in 1981 will not need a certificate because in 1981 only Kindergarten and first and second graders will have been immunized under the requirements of this regulation.

Medical and religious exemptions are allowed for mumps and rubella as stated in Chapter 76, Section 15. □

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DISTRICT MEETING
February 6, 1979

The third District Meeting of the HDMS was held on Tuesday, February 6, 1979 at the Marriott Hotel in Springfield.

There were 90 reservations and 89 attended.

Dr. Flahive, President called the meeting to order at 6:20.P.M.

Dr. Stoddard, Secretary, read the minutes of the November 21, 1978 meeting and the membership voted them accepted as read.

Dr. Flahive informed the members that the resolutions voted by the membeship at the November meeting had been forwarded to the Massachusetts Medical Society after being reworded. There was no other old business.

Dr. Dasco, Executive Councilor gave a report of the lawsuit against Blue Shield. He stated the cost for continuing it would be around $800,000 a year and at the Council meeting to be held on February 14th it would be voted to continue as recommended by the Executive Councilors.

An announcement was made about the AMA's Department of Negotiations presenting an educational program for physician negotiators on conflict resolution and management through negotiations. Mrs. Purdy has the information on these programs.

The meeting was adjourned at 6:40 P.M.

A social hour followed and a congenial time was had by all.

After dinner Dr. Flahive introduced the speaker for the evening, Captian Robert Meffen of the Crime Prevention Department of the Springfield Police Department. Captain Meffen spoke about Drug Problems, both generally and what the physician should be looking for when prescribing drugs for patients. Captain Meffen's lecture was very interesting and informative.

Dr. Flahive thanked Captain Meffen and the meeting was adjourned at 9:15 P.M. □

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EXECUTIVE COMMITTEE MEETING
February 20, 1979

The Executive Committee of the Hampden District Medical Society met on Tuesday, February 20, 1979 in the Conference Room.

Present were Drs. Flahive, Walthall, Remsberg, Navazio, Fitzpatrick, Corsaro and Mrs. Purdy.

Dr. DiGiacomo attended the meeting to give the committee information about the Blue Ribbon Commission appointed by Mayor DiMauro to study health needs in the city of Springfield. His comments were very informative.

The minutes of the January meeting had been mailed out to the committee and were accepted as written.

Correspondence

Dr. Verrilli, Alternate Executive Councilor wrote informing the committee about the actions taken by the Executive Councilors at the Massachusetts Medical Society Executive meeting. Several reports will be mailed to the districts from the Massachusetts Medical Society.

The concern about the Countway Library was again discussed and a letter has been sent to the Massachusetts Medical Society asking for more information.

An informational letter was read concerning Community and Regional Opportunity Program, Inc. Dr. Corsaro indicated that this was an excellent service for the indigent. The forms have to be filled out by the physicians to be able to apply for help.

Dr. Flahive read the statement he had made to the State Health Planning Office in Boston on closing hospital beds, as informational.

A letter of inquiry from the Secretary of the Office of Human Services was read asking for suggestions for the Commissioner of the Department of Public Health and asking for suggestions as to the future course of the Department. No names were given at this time.

The Springfield Leadership Institute, established by the Chamber of Commerce several years ago, wrote asking for an interview with Dr. Flahive on the controversial closing of some beds in hospitals. This is a part of the Leadership Training Program for this year. Dr. Flahive interviewed two of the trainees recently.

The upper State Street Community Development Corporation wrote asking for support for a feasibility study for an HMO in that area. The Hampden District Medical Society will ask to be kept informed of the progress.

Dr. Cooperman, a Psychiatrist from Berkshire and a member of the Board of the Western Mass. Health Planning Council wrote informing the Hampden District Medical Society that he planned to resign from that Board and suggesting the Hampden District Medical Society apply for a physician to become a member to take his place. Dr. Corsaro's name was suggested as a member. However, Mr. Hooven wrote informing the Executive Committee that the applicant should be a specialty (not a primary care physician) and that it is doubtful that the Nominating Committee would accept someone from Hampden because the HEW guidelines call for someone outside of this district according to

geographical location. A letter will be written to Mr. Hooven again and presenting Dr. Corsaro's name again and indicating that he is a Pediatriciac-Neonatologist.

The resolutions made at the November District meeting were mailed to Dr. Rowell, President of the Massachusetts Medical Society. Dr. Rowell answered that these would be referred to the proper committees for consideration.

The inquiries made from Mrs. Burk from Wilbraham on Nutrition have been referred to Dr. Willcutts, Chairman of the Ad Hoc Committee on Nutrition.

Dr. Flahive and Mrs. Purdy gave a report of the joint meeting of the Academy of Medicine and the Medical Society with Dr. Perry Culver to discuss the financial need to support the Academy of Medicine. A letter from P.M.I. which gave information on a merger of P.M.I. and the Massachusetts Medical Society was read. A further meeting will be held.

New Business

The Magic World of Travel, Inc. presented several trips available that the Hampden District Medical Society may be interested in developing. The committee suggested that this be turned over to the Auxiliary for consideration.

Dr. Remsberg, Treasurer presented the report of expenditures up to February 1 and the estimate up to April 1, 1979. He also presented the budget for 1979-1980, and suggested that the dues stay at $100.00 for this fiscal year. The committee voted and approved the report and the budget.

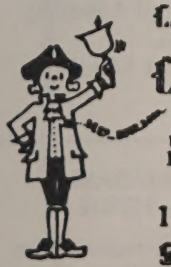
Mrs. Purdy gave the office report.

The Summary of the Annual Report of the Western Massachusetts Health Planning Council are available in the office if any member is interested.

The By-Laws Committee has indicated an amendment to delete Chapter 3, Section 5, "Junior Members" to coincide with the Massachusetts Medical Society By-Laws. This will be printed in the March issue of the Hampden Hippocrat and voted at the Annual Meeting.

The meeting was adjouned at 9:30 P.M. □

WILLIAM W. WALTHALL, M.D.
Assistant Secretary



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In Memoriam

F. FREDERICK FORTIN, M.D.

Dr. F. Frederick Fortin of Springfield died at his home on January 21, 1979. He practiced Obstetrics and Gynecology for thirty five years in Springfield.

Born in Pittsfield, Massachusetts he attended school there, graduated from Assumption College in Worcester and received his medical degree from Thomas Jefferson University in Philadelphia in 1932.

Dr. Fortin retired from practice in 1973 and was honored by his many friends and patients with a retirement party.

He was a Diplomat of the American Board of Obstetrics and Gynecology, Fellow of the American College of Surgeons, Past President of the New England Obstetrics and Gynecology and Chairman of his specialty at Mercy Hospital.

Following his retirement he was active in the Pro-Life Movement and was a member of the State Board of Directors of the Massachusetts Citizens for Life.

Dr. Fortin is survived by his wife, six children and fourteen grandchildren. Deepest sympathy is extended to his family and many friends. □

Mark Your Now!

(ancient Mexican calendar stone)

March 20	H.D.M.S. Executive Committee
April 17	H.D.M.S. Executive Committee
April 24	H.D.M.S. Annual Meeting
March 13	Springfield Academy of Medicine
April 10	Springfield Academy of Medicine
May 21-23	Massachusetts Medical Society, Annual Meeting
July 22-26	American Medical Association, Annual Meeting

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Effective 1 March 1979, there will be a change in payment offices for all CHAMPUS claims in Massachusetts. To provide a better understanding of the changeover process and to anticipate certain problems and questions which may arise because of this change, CHAMPUS headquarters has made arrangements for a special meeting of all providers in the Massachusetts and Connecticut area to discuss payement procedures, CHAMPUS claim filing requirements and other subjects of interst to providers of care. A question and answer session will follow the discussion. A representative from Blue Shield of California (the new Fiscal Intermediary), OCHAMPUS officials, the Service Liaison Officer at OCHAMPUS in Denver and your local Health Benefits Advisor will be present to discuss this subject with your office representative.

The Health Benefits/CHAMPUS Advisor, Mrs. Dawn Martzoukos, at Westover Air Force Base has complete information regarding date, time and site of the meeting.

This would be a good opportunity to learn more about CHAMPUS and the new claims filing procedures. Any provider interested in having an office representative attend this meeting, or for more information on any other aspect of the CHAMPUS program, contact Mrs. Martzoukos at 557-3592 or 557-3012.

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LETTER TO THE EDITOR

Dear Editor:

Since the third sentence of Doctor Navazio's exposition (''Hippocrat'' February, 1979) ends with a period rather than a question mark, I assume the writer means to imply that interests other than patient care frequently motivate those of us who have chosen to spend our careers in medicine as salaried, full-time physicians.

Now, I am sure that Doctor Navazio is as aware as I that neither devoted competence nor impatient avarice are exclusive characteristics of fee-for-service practitioners or salaried physicians generically. The Springfield medical community has, for more than a decade, been plagued with a particularly resistant form of ''town-gown fever''. One would hope that at least the presidency of the Hampden District Medical Society will not prove to be yet another podium for polemics in this area. □

Sincerely yours,

HERBERT S. WAXMAN, M.D.

Herbert S. Waxman, M.D.
Chairman, Department of Medicine
Baystate Medical Center
759 Chestnut Street
Spfld, Mass. 01107

Dear Herb:

I prefer to answer to you directly rather than in the form of a report in reference to your letter to the Hampden District Medical Society, Hampden Hippocrat of February 12, 1979. My mention of ''interests of the patient's care'' was intended specifically for politicians who indeed may for their own Political career more at heart than the actual excellence of care for the fact.

The treatment for the ''town-gown fever'' will come out from indeed patience and cooperation from all of us. It will not be a hope it will be a certainty that the presidency of the Hampden District Medical Society will be a podium capable and ready to represent the interests of every physician in the county without regard of his status, that is salary or fee for service.

For this affect let me state again that the presidency of our district is in good hands and will operate to its best to create bridges wherever a ditch is going to be found. I am sure that this will be in the interset of all of us and will ultimately be reflected in that excellence for the fact which remains our utmost duty. □

Cordially,

FRANCO NAVAZIO, M.D.

AUXILIARY NEWS

THE BIG APPLE

Wednesday, March 28, 1979

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MEMORANDUM

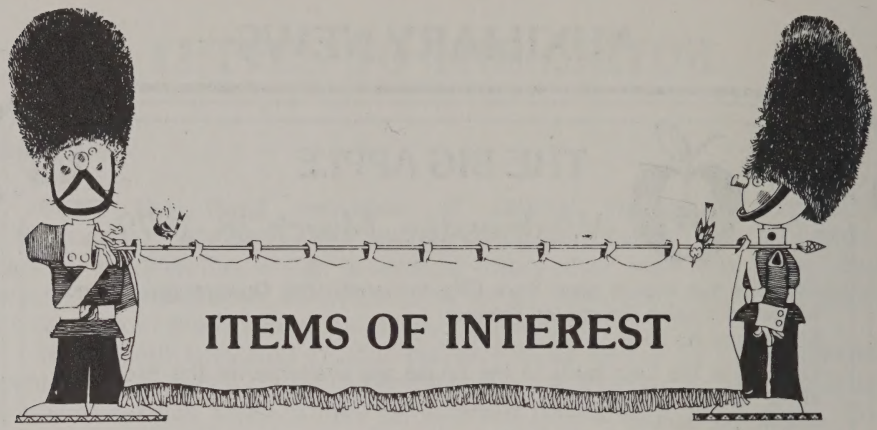
TO: Members of Hampden District Medical Society

FROM: Franco Navazio, M.D., President-Elect

SUBJECT: If you care to work on a committee for the year 1979-1980, please notify Mrs. Purdy at the central office.

TELEPHONE: 736-0661

A STRONG ORGANIZATION IS ONLY AS STRONG AS ITS ACTIVE COMMITTEES



ITEMS OF INTEREST

The 1979 national medicolegal symposium will be held March 8-11 in Las Vegas. This forum is sponsored jointly by the AMA and the American Bar Assn. to assist physicians and lawyers in serving the public and to stimulate cooperative action between the two professions.For further information contact the Office of General Counsel, AMA Headquarters.

The AMA will participate in the National Health Council's series of eight regional meetings on health promotion and disease prevention to be held this year. The two-day meetings, to be known as Regional Forums on Community Health Promotion, will be tailored to a particular situation in each area. The program is financed by a $480,000 grant from HEW. For further information contact the National Health Council, 1740 Broadway, N.Y., 10019.

A medical explorer or explorer post will be recognized with an award at the AMA's 1979 Annual Meeting. The award will be presented by the AMA in cooperation with the National Assn. of Medical Exploring and the Exploring Division of the Boy Scouts of America . It will be based on significant contributions to the community, state or nation in the field of medicine, medical research or citizenship projects related to health.

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A BY-LAW CHANGE

In order to conform with the By-Laws of the Massachusetts Medical Society, it is necessary to delete Section 5, JUNIOR MEMBERS which is under Chapter III--Membership.

Therefore, according to the procedure under Amendments this intention of deletion is printed in the Hampden Hippocrat and will be voted at the Annual Meeting of the HDMS in April. □

HARRY N. MEMERY, M.D.
Chairman

WELCOME TRANSFERS

James B. Amberson, III
Psychiatrist
(transferred from Hampshire District)

Gordon M. Chapman
Anesthesiologist
(transferred from Plymouth

AMA SCHEDULES WORKSHOP ON CHRONIC MENTALLY ILL

The American Medical Association will sponsor a Workshop on "Physicians and Chronic Mental Patients: Potentials for Community Based Care," slated for May 10-11, 1979 at the Palmer House in Chicago. Participants will focus on identifying priorities in Medical education as they relate to the physician's role in providing comprehensive care to patients with long-term or severe mental disabilities. □

HOW LONG SHOULD MD KEEP RECORDS

Under the provisions of a regulation adopted by the Massachusetts Board of Registration and Discipline in Medicine October 1978 physicians must keep a patient's medical record for a three year period.

A licensee shall maintain a medical record for each patient which is adequate to enable the licensee to provide proper diagnosis and treatment. A licensee must maintain a patient's medical record for a minimum period of three years from the date of the last patient encounter and in a manner which permits the former patient or successor physician access to them within the terms of these regulations. □

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